



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2007  
OF THE CONDITION AND AFFAIRS OF THE

Pro Care Health Plan, Inc.

NAIC Group Code	0000	(Current Period)	,	0000	(Prior Period)	NAIC Company Code	11081	Employer's ID Number	38-3295207
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan			
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Dental Service Corporation [ ]				
	Vision Service Corporation [ ]		Other [ ]		Health Maintenance Organization [ X ]				
	Hospital, Medical & Dental Service or Indemnity [ ]				Is HMO, Federally Qualified? Yes [ ] No [ X ]				
Incorporated/Organized	09/29/1995				Commenced Business	12/19/2000			
Statutory Home Office	3968 Mount Elliott				Detroit, MI 48207				
	(Street and Number)				(City or Town, State and Zip Code)				
Main Administrative Office	3968 Mount Elliott								
	Detroit, MI 48207				313-925-4607				
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	3968 Mt. Elliott St.				Detroit, MI 48207				
	(Street and Number or P.O. Box)				(City or Town, State and Zip Code)				
Primary Location of Books and Records	3968 Mount Elliott								
	Detroit, MI 48207				313-267-0307				
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)				
Internet Website Address	Procarehp.com								
Statutory Statement Contact	Jaspinder S. Sachdev				313-267-0307				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	jsachdev@procarehp.com				248-925-0472				
	(E-mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Augustine Kole-James, MD	President & CEO	Robin Cole, RN	Secretary
Deborah Hall-Turner, RN #	Chief Operating Officer	Harold Montgomery, CPA	Treasurer

OTHER OFFICERS

Jaspinder Sachdev JD #	Chief Financial Officer
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DIRECTORS OR TRUSTEES

Augustine Kole-James MD	Robin Cole RN	Harold Montgomery CPA	Catherine Riley
Elizabeth Williams			

State of .....Michigan.....  
County of .....Wayne.....

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Augustine Kole-James MD	Jaspinder S. Sachdev, JD	Robin Cole, RN
President & CEO	Chief Financial Officer	Secretary
Subscribed and sworn to before me this	a. Is this an original filing?	Yes [ X ] No [ ]
day of ,	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 4 - Claims Unpaid

NONE

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	31,461		7,177	24,284	24,284	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	31,461	0	7,177	24,284	24,284	0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	589,168
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11 .....	(18,508)
2.2 Totals, Part 3, Column 8 .....	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9) .....	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14 .....	0
4.2 Totals, Part 3, Column 10 .....	0
5. Total profit (loss) on sales, Part 3, Column 15 .....	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12 .....	0
6.2 Totals, Part 3, Column 9 .....	0
7. Amounts received on sales, Part 3, Column 12 and Part 1, Column 13 .....	0
8. Book/adjusted carrying value at end of current period .....	570,660
9. Total valuation allowance .....	
10. Subtotal (Lines 8 plus 9) .....	570,660
11. Total nonadmitted amounts .....	
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	570,660

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgage owned, December 31, prior year .....	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions .....	
2.2 Additional investment made after acquisitions .....	0
3. Accrual of discount and mortgage interest points and commitment fees .....	
4. Increase (decrease) by adjustment .....	
5. Total profit (loss) on sale .....	
6. Amounts paid on account or in full during the year .....	
7. Amortization of premium .....	
8. Increase (decrease) by foreign exchange adjustment .....	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	0
10. Total valuation allowance .....	
11. Subtotal (Lines 9 plus 10) .....	0
12. Total nonadmitted amounts .....	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions .....	
2.2 Additional investment made after acquisitions .....	0
3. Accrual of discount .....	
4. Increase (decrease) by adjustment .....	
5. Total profit (loss) on sale .....	0
6. Amounts paid on account or in full during the year .....	
7. Amortization of premium .....	
8. Increase (decrease) by foreign exchange adjustment .....	
9. Book/adjusted carrying value of long-term invested assets at end of current period .....	0
10. Total valuation allowance .....	
11. Subtotal (Lines 9 plus 10) .....	0
12. Total nonadmitted amounts .....	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	0

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	462,039	0	0	462,039	0
2. Cost of short-term investments acquired .....	0				
3. Increase (decrease) by adjustment .....	15,471			15,471	
4. Increase (decrease) by foreign exchange adjustment .....	0				
5. Total profit (loss) on disposal of short-term investments .....	0				
6. Consideration received on disposal of short-term investments .....	0				
7. Book/adjusted carrying value, current year .....	477,510	0	0	477,510	0
8. Total valuation allowance .....	0				
9. Subtotal (Lines 7 plus 8) .....	477,510	0	0	477,510	0
10. Total nonadmitted amounts .....	0				
11. Statement value (Lines 9 minus 10) .....	477,510	0	0	477,510	0
12. Income collected during year .....	0				
13. Income earned during year	21,471			21,471	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

## ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Pro Care Health Plan, Inc.

## SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]



## ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Pro Care Health Plan, Inc.

## SCHEDULE S - PART 4

### Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2007	2 2006	3 2005	4 2004	5 2003
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	32	30	58	55	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	3	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10) .....	1,769,612		1,769,612
2. Accident and health premiums due and unpaid (Line 13).....	0		0
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	46,961		46,961
6. Total assets (Line 26)	1,816,573	0	1,816,573
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	165,499		165,499
13. Total liabilities (Line 22).....	165,499	0	165,499
14. Total capital and surplus (Line 31).....	1,651,074	XXX	1,651,074
15. Total liabilities, capital and surplus (Line 32)	1,816,573	0	1,816,573
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	0		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	0		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	0		
26. Total ceded reinsurance payables/offsets .....	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						0
2. Alaska .....	AK .....						0
3. Arizona .....	AZ .....						0
4. Arkansas .....	AR .....						0
5. California .....	CA .....						0
6. Colorado .....	CO .....						0
7. Connecticut .....	CT .....						0
8. Delaware .....	DE .....						0
9. District of Columbia .....	DC .....						0
10. Florida .....	FL .....						0
11. Georgia .....	GA .....						0
12. Hawaii .....	HI .....						0
13. Idaho .....	ID .....						0
14. Illinois .....	IL .....						0
15. Indiana .....	IN .....						0
16. Iowa .....	IA .....						0
17. Kansas .....	KS .....						0
18. Kentucky .....	KY .....						0
19. Louisiana .....	LA .....						0
20. Maine .....	ME .....						0
21. Maryland .....	MD .....						0
22. Massachusetts .....	MA .....						0
23. Michigan .....	MI .....						0
24. Minnesota .....	MN .....						0
25. Mississippi .....	MS .....						0
26. Missouri .....	MO .....						0
27. Montana .....	MT .....						0
28. Nebraska .....	NE .....						0
29. Nevada .....	NV .....						0
30. New Hampshire .....	NH .....						0
31. New Jersey .....	NJ .....						0
32. New Mexico .....	NM .....						0
33. New York .....	NY .....						0
34. North Carolina .....	NC .....						0
35. North Dakota .....	ND .....						0
36. Ohio .....	OH .....						0
37. Oklahoma .....	OK .....						0
38. Oregon .....	OR .....						0
39. Pennsylvania .....	PA .....						0
40. Rhode Island .....	RI .....						0
41. South Carolina .....	SC .....						0
42. South Dakota .....	SD .....						0
43. Tennessee .....	TN .....						0
44. Texas .....	TX .....						0
45. Utah .....	UT .....						0
46. Vermont .....	VT .....						0
47. Virginia .....	VA .....						0
48. Washington .....	WA .....						0
49. West Virginia .....	WV .....						0
50. Wisconsin .....	WI .....						0
51. Wyoming .....	WY .....						0
52. American Samoa .....	AS .....						0
53. Guam .....	GU .....						0
54. Puerto Rico .....	PR .....						0
55. U.S. Virgin Islands .....	VI .....						0
56. Northern Mariana Islands .....	MP .....						0
57. Canada .....	CN .....						0
58. Aggregate Other Alien .....	OT .....						0
59. Totals		0	0	0	0	0	0

NONE

## 55

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....WAIVED.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

9.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
10.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
11.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
13.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....

APRIL FILING

14.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
15.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
16.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....


EXPLANATION:


9.
10.
11.
12.


Augustine Kole-James owns 100 % of Stocks issued and outstanding. Requirement to file is 100 or more Stock holders.
13.
14.
15.
16.


BAR CODE:


7.


  
1 1 0 8 1 2 0 0 7 2 1 0 0 0 0 0 0
9.


  
1 1 0 8 1 2 0 0 7 3 6 0 5 9 0 0 0
10.


  
1 1 0 8 1 2 0 0 7 2 0 5 0 0 0 0 0
11.

  
1 1 0 8 1 2 0 0 7 2 0 7 0 0 0 0 0
13.

  
1 1 0 8 1 2 0 0 7 3 6 5 5 9 0 0 0
14.

  
1 1 0 8 1 2 0 0 7 3 3 0 5 9 0 0 0
15.

  
1 1 0 8 1 2 0 0 7 2 1 1 5 9 0 0 0
16.

  
1 1 0 8 1 2 0 0 7 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M005 Additional Aggregate Lines for Page 05 Line 47.  
\*REVEX2 - Capital and Surplus Account

	1 Current Year	2 Prior Year
4704. Write-Off HealthCare Receivable.....		0
4705. Write-Off Security deposit.....		0
4706. Trust fees 12 31 05.....		(1,500)
4707. Reimbursed by Affiliate 12 31 05 Bill.....		11,000
4797. Summary of remaining write-ins for Line 47 from Page 05	0	9,500

M014 Additional Aggregate Lines for Page 14 Line 25.  
\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Payroll service fees.....			2,474		2,474
2505. Subscription and Publications.....			1,005		1,005
Adminstrative services provided to an affiliate -					
2506. revenue.....			(586,849)	0	(586,849)
2507. Repair & Maintenance.....			133		133
2508. Software expense.....			2,721		2,721
2509. Contributions.....			8,500		8,500
2510. ....				0	0
2511. fine & Penalties.....			1,207		1,207
2512. Miscellaneous Expense.....			3,686		3,686
2513. Lease expense.....					0
2514. Health Insurance.....			12,381		12,381
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	(554,742)	0	(554,742)

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([http://www.naic.org/committees\\_e\\_app\\_blanks.htm](http://www.naic.org/committees_e_app_blanks.htm))

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